JULY 25, 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

### UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

## RECEIVED

SHAUN W. MATHENLY	MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT		
(Enter above the full name of the plaintiff or plaintiffs in this action)	Case No: 08 CV 21	<b>4</b> 5	
VS.	(To be supplied by the C	lerk of this Court	)
WARDEN: MICHAEL F. O'LEA	RY		
	•		d and a second
(Enter above the full name of ALL defendants in this action. Do not use "et al.")			
CHECK ONE ONLY:	AMENDED COMPLAINT		
U.S. Code (state, county  EIGHT AMELID  COMPLAINT UNDER	THE CIVIL RIGHTS ACT, TITE, or municipal defendants) FOR VICENTIFICATION ("BIVEN CREETHE CONSTITUTION ("BIVEN COde (federal defendants)	MULATION OF IN WELAND UNUME	IMATES LPUNISHMEN
OTHER (cite statute, if	known)		
DEPODE EILLING OUT TUIS COM	OPI AINT PLEASE REFER TO "I	NSTRUCTIONS FO	R

BEFORE FILLING OUT THIS COMPLAINT, PA FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.	Plain	tiff(s):
	A.	Name: SHAUN W. MATHENY
	В.	List all aliases:
	C.	Prisoner identification number: 2008-000179
	D.	Place of present confinement: Will County Noul 1 Detection
	E.	Address: 95.5. Chacomost. John IL WOH31
	numb	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a sate sheet of paper.)
П,	Defendant(s):  (In A below, place the full name of the first defendant in the first blank, his or h position in the second blank, and his or her place of employment in the third blan for two additional defendants is provided in B and C.)	
	A.	Defendant: MICHAEL F. O'LEARY
		Title: WARDEN
	•	Place of Employment: 1/19/1/County Fdo14 de-levil 9on tox 9191
	В.	Defendant:
		Title:
		Place of Employment:
	c.	Defendant:
i i v		Title:

ETAL DEFENDANTS - 03-10

B. Approximate date of filing lawsuit: APRIL 5th, 2003

C. List all plaintiffs (if you had co-plaintiffs), including any aliases:

SHAUN W. MATHENY

D. List all defendants: % TINSIFY FTAL DEFENDANTS

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): <u>INITED STATES COURT- CENTRAL DISTRICT OF RUMOUS</u>

F. Name of judge to whom case was assigned: HAROLD A. BAKER

G. Basic claim made: VIOLATION OF TMMATE'S EIGHT

AMEN'D MENT RIGHTS UNDER CRUEL AND UNUSUAL

VONISHMENT FOR EXCESSIVE USE OF FORCE.

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

(ASE WAS VOUNTARILY DISMISSED)

(BY PLAINTIFF

I. Approximate date of disposition: UNKLOWAL

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

COUNT 1. UNISANITARY CONDITIONS OF CONFINEMENT.
on my 7th 2007, defendant o'leary had plantiff
mathenit placed in side a disease interted cells " dell
Knowing which at the time, had previously had a
M.R.S.A-methacallan-Resastant Staphylococcus
Avreus postine innate housed inside. The defendant
O'leany did not have that cell Prohazandly or
90 anyway sanstarily Cleaned before he had
plantiff placed antade. Before entry anto the
cell In Shain Matheny noticed body fluids-
urine human feces and human blood spreamed
on the cell's tollety spak, bedframe, floors, ub/kg
and fond chickhole which is located on the cell's
door In which my food was possed threw to rne.
COUNTIT! DENTAL OF CLEANING SUPPLIES
AND INDURIES SUFFERED THERE OF: UPON
entry anto the Cell T requested that the
cell Be cleaned. Since defendant, O'leary?s
J J

State briefly exactly what you want the court to do for you. Make no legal arguments.	Cite
no cases or statutes.	

as a result of the defendant's cruelty. I have suffered
on in well which there is no sure ruce for and the disease
demonded my face and scarred me permanetly. I am
regresting one officer dollars 11.5. A currency from
the detendant for own the domines and for redress
of Philosops as a result suffered by alogateff.
VI. The plaintiff demands that the case be tried by a jury. YES NO

#### CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

•
Signed this 15t day of 700, 2006
Shown W. Mathan
(Signature of plaintiff or plaintiffs)
Shown W. Matheny
(Print name)
2008-0001791
(I.D. Number)
WPII County adult detention facility
95. S. Chicago St. dollet IL 60436
(Address)

# Case 1:08-cv-02142 Document 19 Filed 07/25/2008 Page 7 of 7 *ERTIFICATE OF SERVICE*

Is Shown w. Matheny; certify that I have marked 4copies of an amended Complaint and one of each motions of a motion tor appointment of Counsel and Informa Paviers as well as an including motion signed to be filed with the clerk of the U.S. Court. In Support:

TO: Unsted States
Dristing Count
Worthern Dristingt
Of ILLINOIS
21A. Dearbornst
Chacago IL 60609

From: Shown Matheny ID# 2008-0001791 WPII County Adult delent for Face 18ty 95 S. Chiacep ST Jolfet IL 60436

To be placed in the U.Smail on this 1st day of may 2008.

I Declare under Penalty of Perviry
That I thre marked as sardin the form
of approx: four seperate U.S Shawn w
414 envolopes on May 151 2008.